FILE NOW: FILING FEE IS \$61.25					
(MENT OF STATE		
	AL REPORT Secretary of State				
	1996	DIVISION OF CO			
DOCUMENT # N46164 (2)					
CITIZENS FOR RESPONSIBLE BOATING, INC.					
Principal Place of Business Mailing Address					
2640 W. HIGHLAND PARK RD. 2640 W. HIGHLAND PARK RD. DELAND FL 32720 DELAND FL 32720			RD.		
				3. Date Incorporated or Qualified 11/21/1991	3a. Date of Last Report 05/01/1995
2. Principal Pl 21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3095245	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Reguired
City & State	6	City & State	·····	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Country 25	2ip 29	Country 0	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Current	Registered Agent	81 Name	10, Name and Address of New Re	gistered Agent
SPENCE, HAL SPENCE, HAL SPENCE, HAL SPENCE, HAL SPENCE, HAL S					
221 N. CAUSEWAY					
NEW SMYRNA BEACH FL 32169 83					
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature 1	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	
TOLE	D	DELETE	1.1 TITLE	D/P	CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	RAWLINS, RICK		1.2 NAME	Rawlins, Rick	37 (
STREET ADDRESS CITY-ST-ZIP	2640 W. HIGHLAND PK RD. Deland Fl		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	2640 W. Highland Pk DeLand, FL	. Rd.
TITLE	D	DELETE	2.1 TITLE	D/VP	Change 🗋 Addition
NAME	FLOWERS, BILL		2.2 NAME	Godfrey, Mike	
STREET ADDRESS CITY - ST - ZIP	2030 RIVERVIEW DR. DELAND FL 32720		2.3 STREET ADDRESS	2419 Vista Palm Dri	ye
TITLE	D		2 4 CITY - ST - ZIP 31 TITLE	Edgewater, FL 3214 D/S	Change Addition
NAME	WINKLER, STUART		3.2 NAME	Flowers, Bill	
STREET ADDRESS	129 PALM BREEZE DR. EDGEWATER FL		3.3 STREET ADDRESS	2030 Riverview Dr.	
CITY-ST-ZIP TITLE	D		3.4. CITY-ST-ZIP 4.1 TITLE	DeLand, FL	X Change Addition
NAME	GODFREY, MIKE	_	4. 2 NAME	Winkler, Stuart	
STREET ADDRESS	2419 VISTA PALM DR.		4.3 STREET ADDRESS	129 Palm Breeze Dr.	
CITY - ST - ZIP TITLE	EDGEWATER FL	DELETE	4.4 CITY + ST - ZIP	Edgewater, FL 3214	
NAME			5.1 TITLE 5.2 NAME		Change 🔲 Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE NAME		DELETE	6.1 TITLE		Change 🔲 Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under not in the certify that the information indicated on this annual report is true to provide the provide the true and accurate and that my signature shall have the same legal effect as if made under					
appears in Block 12 or prock 13 if changed, g on an attachment with an address.					
SIGNATURE: NICK KICK KAWLINS 4-20-96 904-738-7785					